

AUG 30 2006

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FROM: THOMAS E. CIOTTI

DATE: AUGUST 26, 2006

Number of pages with cover page:	3	Originals Will Not Follow
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Comments:

Atty Docket No: 26415-20246.00
Application Serial No.: 10/518,146
Filed: June 20, 2003
Inventors: Albert SCHAAP *et al.*
Art Unit: 1761
Examiner: Not Yet Assigned
Title: PASTEURISATION PROCESS FOR MICROBIAL CELLS AND
MICROBIAL OIL

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of
Correspondence Address – 1 page

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LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL
FORM

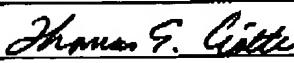
(to be used for all correspondence after initial filing)

		Application Number	10/518,148
		Filing Date	June 20, 2003
		First Named Inventor	Albert SCHAAP
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages In This Submission	2	Attorney Docket Number	246152024600

ENCLOSURES (Check all that apply)

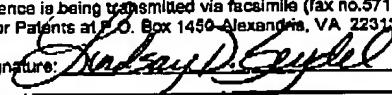
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Thomas E. Ciotti		
Date	August 29, 2006	Reg. No.	21,013

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Dated: August 29, 2006

Signature:  (Lindsay Seydel)

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PAGE 2/3 * RCVD AT 8/30/2006 1:12:40 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/10 * DNI:2738300 * CSID: * DURATION (mm:ss):00:40

AUG 30 2006

PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/518,146
	Filing Date	June 20, 2003
	First Named Inventor	Albert SCHAAP
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	246152024600

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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Client requested transfer

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1. The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/>	Firm or Individual Name	Mr. Bryan H. Davidson
	Nixon & Vanderhye P.C.	

Address	11 th Floor 901 North Glebe Road
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City	Arlington	State	VA	Zip	22203-1808
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Country	U.S.A.
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Telephone	(703) 818-4026	Email	bhd@nixonvan.com
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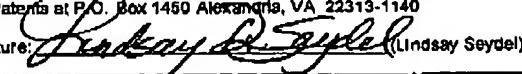
Signature	Thomas E. Clotti
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Name	Thomas E. Clotti	Registration No.	21,013
Date	August 29, 2006	Telephone No.	(650) 813-5702

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: August 29, 2006

Signature:  (Lindsay Seydel)

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